



TFW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/699,224
		Filing Date	October 30, 2003
		First Named Inventor	
		Art Unit	2611
		Examiner Name	Corrielus, Jean B
Total Number of Pages in This Submission	15	Attorney Docket Number	3364P150

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">US 7,028,246 B2; and return psotcard</div>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	5/10/07

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Linda Metz		
Signature		Date	5/8/07

Based on PTO/SB/21 (09-04) as modified by Blakely, Solokoff, Taylor & Zafman (nec) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

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☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 180.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	20	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple Dependent claim, if not paid
1204	2204	**Reissue independent claims over original patent
1205	2205	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051	2051	Surcharge - late filing fee or oath
1052	2052	Surcharge - late provisional filing fee or cover sheet
2053	130	Non-English specification
1251	2251	Extension for reply within first month
1252	2252	Extension for reply within second month
1253	2253	Extension for reply within third month
1254	2254	Extension for reply within fourth month
1255	2255	Extension for reply within fifth month
1401	2401	Notice of Appeal
1402	2402	Filing a brief in support of an appeal
1403	2403	Request for oral hearing
1451	2451	Petition to institute a public use proceeding
1460	2460	Petitions to the Commissioner
1807	1807	Processing fee under 37 CFR 1.17(q)
1806	1806	Submission of Information Disclosure Stmt
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Information Disclosure Statement

SUBTOTAL (2)

Fee Paid

(\$) 180.00

SUBMITTED BY

Complete (if applicable)

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Signature

Date

5/7/06